Ian Barlow

With his wealth of knowledge and experience over 20 years, Ian has been pivotal in ensuring TARN data is collected as completely and accurately as possible. He has contributed to the development of the team by articulating the requirements and challenges to colleagues at all levels within the Trust.

Ian has a close working relationship with the various clinical teams which is as a result of his presence on the wards and in ED - he is an integral part of the service.

Ian recognises that early identification of eligible TARN cases means better capture of data, hence frequent visits to the wards. This also allows staff to ask him questions; Ian’s clinical understanding of TARN information (he is known locally as ‘Mr TARN’) means he is the ‘go-to’ person for any consultant, registrar or junior doctor undertaking audit work on trauma cases.

Data is at the heart of clinical audit and the positive difference that Ian has made to the implementation is demonstrated in the following chart, showing the proportion of eligible cases submitted within 24 hours:

In terms of the actual number of cases submitted compared to the expected number of cases, these figures are shown in the chart below. It is clear that the gap between ‘expected’ and ‘submitted’ is concerning.

With his detailed understanding of TARN, Ian is pivotal in the implementation of our new processes, working with the Business Intelligence team, senior nurse specialists and consultants to develop more robust systems, and conducting TARN awareness exercises to identify ‘TARN champions’ on wards where it has historically been challenging to capture patient data. Processes have also been put into place to aid dispatch flow of case notes and verify TARN data.

Ian and his team attend a weekly multi-disciplinary clinical meeting, for which they prepare key data on mortality, care of the most severely injured patients, TARN cases and the MTC dashboards.

As one of the largest Teaching Hospitals in the country, there are always audits taking place and Ian is the key TARN contact, undertaking audit work alongside the consultants and extracting data from our local systems or from the TARN PIR report and articulating what the data shows, offering advice on the nuances of the information.

Our understanding of the trauma service delivered to our patients in Leeds is much better now, and Ian has had a significant impact in improving our knowledge of the service.

Sharon Ryan

Sharon Ryan commenced her role at Northampton General Hospital (NGH) in September 2014, and since then has progressively improved Northampton’s TARN data with regards both the number, and quality, of cases submitted. It’s not just the complete and accurate dataset now being submitted that is impressive either, but also the timeliness that the cases are being submitted.

With meticulous attention to detail, conscientious collection and data contribution to TARN, Sharon has helped to raise the morale of the trauma teams and ED staff at a time when the NHS is widely reported as having low morale. Sharon’s hard work is helping to raise the profile of trauma care within NGH. The profile of NGH within the Central England Trauma Network (CETN) and the profile of CETN across the Midlands Critical Care & Trauma Networks (MCC&TN).

At Central England Trauma Network Board Meetings, Sharon is held as a beacon of efficiency and a reference for other hospitals within the network. The network Data Analyst is planning to meet with Sharon to see if her approach can be replicated to any degree within other units.

Sharon has markedly improved the quality, completeness and timeliness of NGH’s TARN data, it is now consistently amongst the best in the country and across the Midlands Trauma Networks.

The graph shows 100% of cases being submitted within 40 days of discharge, which places NGH within the top few hospitals in the country (red dot on the caterpillar chart below). The run chart on the right shows NGH’s performance (blue line) consistently performing well above the national average (purple flat line) for previous 7 quarters.

Sharon proactively scours the ED electronic and paper record systems and collates all the information for patients who are TARN eligible, the details of which are then presented at the NGH Major Trauma Management Meetings, which enhances the process of patient review immeasurably.

Within the CETN Sharon works well with the Data Coordinator to provide information for governance and business meetings. Sharon also assists another local TU with queries around TARN submissions.

The TARN data Sharon collects is used to update the teams with NGH progress at Multidisciplinary Trauma Reviews. It also provides the opportunity to identify areas that need improving upon or where recommended practise may have changed.

With Sharon bringing NGH’s data up to such a good standard, all the units within CETN can now boast submitting the right number of expected cases with excellent data quality, as shown below:

Sharon has a key role in the development and implementation of the TARN model, which has facilitated monthly data on candidate major trauma which is shared with the clinical team.

Examples can be seen to the right.

Sam has developed ‘Transfer – in guidelines to facilitate timely transfer of patients from outside hospitals, a local manual for Major Trauma data input, and also the Trauma Documentation Sheet for children when they first arrive in the ED department. This has improved data collection and is now used as the standard across the North West Children’s Major Trauma Network. Sam also takes a lead role in training personnel responsible for data input, and has had a key role in the development and implementation of the Trauma & Orthopaedic Forward Plan for audit.

Sam has been assiduous in the development of our governance system, ensuring any patient pathway issues are raised through our incident reporting system and fed back to the relevant sources. She compiled themed reports for pathway problems and feedback when there is evidence of improvement. She has also had opportunity to ‘excellence report’, always ensuring that good practice is provided.

Sam has not only networked widely in the UK, but has won an award which allowed her to visit a Major Trauma Centre in the United States. Whilst presenting her work she made connections that have allowed ongoing collaboration as to how its setup of both the acute and rehabilitation services.

Sam’s overall impact has been wide and profound within the network. Her commitment to data, its acquisition, management and assessment has been paramount in the development of the clinical service and the engagement of the network. Through her work, we understand the pathways of almost every patient TARN eligible or candidate, which informs the future of care within the service.